

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Grand Traverse County Democratic Committee

ADDRESS (number and street)

P.P. Box 1532

309 E Front Street

Check if different  
than previously  
reported. (ACC)

Traverse City

MI

49684

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00402842

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

01

2023

12

31

2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ziriak, Pamela, , ,

Signature of Treasurer

Ziriak, Pamela, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

01

17

2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Grand Traverse County Democratic Committee

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2023

To:

MM / DD / YYYY  
12 / 31 / 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2023		5542.97
(b) Cash on Hand at Beginning of Reporting Period.....	3483.90	
(c) Total Receipts (from Line 19) .....	22650.00	26361.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	26133.90	31904.17
7. Total Disbursements (from Line 31) .....	19378.74	25149.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	6755.16	6755.16
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Grand Traverse County Democratic Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
07 01 2023

To:

M M / D D / Y Y Y Y  
12 31 2023**I. Receipts****COLUMN A**  
Total This Period**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

## (i) Itemized (use Schedule A).....

9580.00

11380.00

## (ii) Unitemized .....

13070.00

14970.00

## (iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

22650.00

26350.00

## (b) Political Party Committees .....

0.00

0.00

## (c) Other Political Committees

(such as PACs).....

0.00

0.00

## (d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5) .....

22650.00

26350.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

11.20

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

## (a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

## (b) Levin Funds (from Schedule H5) .....

0.00

0.00

## (c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)) .....

22650.00

26361.20

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

22650.00

26361.20

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	9544.72	15314.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	9544.72	15314.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	9834.02	9834.02
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	19378.74	25149.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19378.74	25149.01

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	22650.00	26350.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22650.00	26350.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	9544.72	15314.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	11.20
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9544.72	15303.79

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 27  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Grand Traverse County Democratic Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bickel, Duane, , ,**

Mailing Address 4836 Kodiak Dr

City

Traverse City

State

MI

Zip Code

49685

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
not employedOccupation (for Individual)  
not employed

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2023

Transaction ID : SA11AI.9535

Amount of Each Receipt this Period

900.00

☐ Memo Item

Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brickman, Lorraine, , ,**

Mailing Address 14610 Pyatt Rd

City

Traverse City

State

MI

Zip Code

49686

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
retired

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 08 / 2023

Transaction ID : SA11AI.9552

Amount of Each Receipt this Period

990.00

☐ Memo Item

Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Coco, Michael, , ,**

Mailing Address 855 E State St

City

Traverse City

State

MI

Zip Code

49686

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Choice Porperty ResourcesOccupation (for Individual)  
Business Executive

Receipt For:

☐  
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2023

Transaction ID : SA11AI.9734

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

2140.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 27  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Grand Traverse County Democratic Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cogswell, Susan, , ,**

Mailing Address 6235 Red Fox Run

City  
Traverse CityState  
MIZip Code  
49686FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2023

Transaction ID : SA11Al.9788

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cracchiolo, Chris, J., ,**

Mailing Address 5140 Arrowhead Court

City  
WilliamsburgState  
MIZip Code  
49690FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
J. Allan ReynoldsOccupation (for Individual)  
Director of Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2023

Transaction ID : SA11Al.9621

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Frank, Linda, , ,**

Mailing Address 8358 Elk Lake Rd

City  
WilliamsburgState  
MIZip Code  
49690FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retiredOccupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11Al.9769

Amount of Each Receipt this Period

50.00

☐ Memo Item

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

800.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 27  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Grand Traverse County Democratic Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Haynes, Jeanne, , ,**

Mailing Address 422 N Madison

City  
Traverse CityState  
MIZip Code  
49684FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retiredOccupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2023

Transaction ID : SA11AI.9735

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hitow, Katie, , ,**

Mailing Address 8129 Outer Drive

City  
Traverse CityState  
MIZip Code  
49685FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
not employedOccupation (for Individual)  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2023

Transaction ID : SA11AI.9679

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kaiser, Pamela, , ,**

Mailing Address 1309 Old Long Lake rd

City  
Traverse CityState  
MIZip Code  
49685FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
not employedOccupation (for Individual)  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2023

Transaction ID : SA11AI.9619

Amount of Each Receipt this Period

200.00

☐ Memo Item

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

700.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 27  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Grand Traverse County Democratic Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kensington, Suzanne, , ,**

Mailing Address 215 Washington

City  
Traverse CityState  
MIZip Code  
49684FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Huey Real EstateOccupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.9772

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Klein, Leonard, , ,**

Mailing Address 2965 Crescent Shores dr

City  
Traverse CityState  
MIZip Code  
49685FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
noneOccupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 08 / 2023

Transaction ID : SA11AI.9546

Amount of Each Receipt this Period

200.00

☐ Memo Item

Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Klein, Leonard, , ,**

Mailing Address 2965 Crescent Shores dr

City  
Traverse CityState  
MIZip Code  
49685FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
noneOccupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.9773

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

470.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 27  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Grand Traverse County Democratic Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lassers, Harold, , ,**

Mailing Address 4678 Arthur Court

City  
WilliamsburgState  
MIZip Code  
49690FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
noneOccupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023

Transaction ID : SA11AI.9590

Amount of Each Receipt this Period

400.00

☐ Memo Item

Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McCarthy, Paul, , ,**

Mailing Address 401 Washington St

City  
Traverse CityState  
MIZip Code  
49686FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apple Inc.Occupation (for Individual)  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2023

Transaction ID : SA11AI.9509

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McDonald, Gregory, S, ,**

Mailing Address 8836 Wheeler Oaks

City  
WilliamsburgState  
MIZip Code  
49690FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 30 / 2023

Transaction ID : SA11AI.9526

Amount of Each Receipt this Period

400.00

☐ Memo Item

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 27

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Grand Traverse County Democratic Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Paquet, Kenneth, , ,**

Mailing Address 422 Island View Drive

City  
Traverse CityState  
MIZip Code  
49686FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 08 / 2023

Transaction ID : SA11AI.9574

Amount of Each Receipt this Period

300.00

☐ Memo Item

Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rhodes, Jeffery, , ,**

Mailing Address 3163 Holliday Village Drive

City  
Traverse CityState  
MIZip Code  
49686FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 08 / 2023

Transaction ID : SA11AI.9568

Amount of Each Receipt this Period

220.00

☐ Memo Item

Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rhodes, Jeffery, , ,**

Mailing Address 3163 Holliday Village Drive

City  
Traverse CityState  
MIZip Code  
49686FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 28 / 2023

Transaction ID : SA11AI.9745

Amount of Each Receipt this Period

50.00

☐ Memo Item

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

570.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 27  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Grand Traverse County Democratic Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sanok, Joe, , ,**

Mailing Address 602 Bloomfield rd

City  
Traverse CityState  
MIZip Code  
49685FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self employedOccupation (for Individual)  
counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2023

Transaction ID : SA11AI.9671

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sanok, Richard, , ,**

Mailing Address 84 Wakulat Ln

City  
Traverse CityState  
MIZip Code  
49686FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retiredOccupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 17 / 2023

Transaction ID : SA11AI.9505

Amount of Each Receipt this Period

800.00

☐ Memo Item

Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sanok, Richard, , ,**

Mailing Address 84 Wakulat Ln

City  
Traverse CityState  
MIZip Code  
49686FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retiredOccupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2023

Transaction ID : SA11AI.9614

Amount of Each Receipt this Period

100.00

☐ Memo Item

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 27  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Grand Traverse County Democratic Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sanok, Richard, , ,**

Mailing Address 84 Wakulat Ln

City  
Traverse CityState  
MIZip Code  
49686FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retiredOccupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2023

Transaction ID : SA11AI.9618

Amount of Each Receipt this Period

100.00

☐ Memo Item

Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Marlene, , ,**

Mailing Address 208 boardman Ave

City  
Traverse CityState  
MIZip Code  
49684FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2023

Transaction ID : SA11AI.9709

Amount of Each Receipt this Period

100.00

☐ Memo Item

Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thompson, Asley, , ,**

Mailing Address 335 E Bay Blvd N

City  
Traverse CityState  
MIZip Code  
49686FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fierberg National Law GroupOccupation (for Individual)  
attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2023

Transaction ID : SA11AI.9725

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 27  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Grand Traverse County Democratic Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thompson, George, R, ,**

Mailing Address 1224 Penninsula Dr

City  
Traverse CityState  
MIZip Code  
49686FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Thompson O'NeilOccupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2023

Transaction ID : SA11AI.9586

Amount of Each Receipt this Period

400.00

☐ Memo Item

Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thompson, George, R, ,**

Mailing Address 1224 Penninsula Dr

City  
Traverse CityState  
MIZip Code  
49686FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Thompson O'NeilOccupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2023

Transaction ID : SA11AI.9620

Amount of Each Receipt this Period

900.00

☐ Memo Item

Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Triezenber, Herm, , ,**

Mailing Address 1663 Moonrise Court

City  
Traverse CityState  
MIZip Code  
49686FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
not employedOccupation (for Individual)  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023

Transaction ID : SA11AI.9580

Amount of Each Receipt this Period

400.00

☐ Memo Item

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1700.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 27  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Grand Traverse County Democratic Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wertz, Thomas, , ,**

Mailing Address 3892 Forest Lake dr

City  
Traverse cityState  
MIZip Code  
49686FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2023

Transaction ID : SA11AI.9608

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wertz, Thomas, , ,**

Mailing Address 3892 Forest Lake dr

City  
Traverse cityState  
MIZip Code  
49686FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2023

Transaction ID : SA11AI.9743

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Zirnhelt, Peter, J, ,**

Mailing Address 1613 Outer Dr W

City  
Traverse CityState  
MIZip Code  
49685FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self employedOccupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2023

Transaction ID : SA11AI.9710

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Contribution**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

9580.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Grand Traverse County Democratic Committee

Full Name (Last, First, Middle Initial)

**A. 309 E Front St Associates**

Mailing Address 309 E Front St

City  
Traverse CityState  
MIZip Code  
49684

Purpose of Disbursement

Office Rent

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.9493

Amount of Each Disbursement this Period

824.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. 309 E Front St Associates**

Mailing Address 309 E Front St

City  
Traverse CityState  
MIZip Code  
49684

Purpose of Disbursement

Rent

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	8			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.9539

Amount of Each Disbursement this Period

824.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. 309 E Front St Associates**

Mailing Address 309 E Front St

City  
Traverse CityState  
MIZip Code  
49684

Purpose of Disbursement

Office Rent

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.9658

Amount of Each Disbursement this Period

824.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2472.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Grand Traverse County Democratic Committee

Full Name (Last, First, Middle Initial)

**A. 309 E Front St Associates**

Mailing Address 309 E Front St

City  
Traverse CityState  
MIZip Code  
49684

Purpose of Disbursement

Office Rent

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.9694

Amount of Each Disbursement this Period

824.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. 309 E Front St Associates**

Mailing Address 309 E Front St

City  
Traverse CityState  
MIZip Code  
49684

Purpose of Disbursement

Office Rent

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.9739

Amount of Each Disbursement this Period

824.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. 309 E Front St Associates**

Mailing Address 309 E Front St

City  
Traverse CityState  
MIZip Code  
49684

Purpose of Disbursement

Office Rent

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.9763

Amount of Each Disbursement this Period

824.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2472.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Grand Traverse County Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. ActBlue**

Mailing Address 366 Summer st

City  
SomervilleState  
MDZip Code  
02144

Purpose of Disbursement

Processing Fee

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	2	3		

FEC Identification Number

C

**Transaction ID : SB21B.9575**

Amount of Each Disbursement this Period

166.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue**

Mailing Address 366 Summer st

City  
SomervilleState  
MDZip Code  
02144

Purpose of Disbursement

Processing Fees

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	2	3		

FEC Identification Number

C

**Transaction ID : SB21B.9594**

Amount of Each Disbursement this Period

179.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue**

Mailing Address 366 Summer st

City  
SomervilleState  
MDZip Code  
02144

Purpose of Disbursement

Processing Fees

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	3		

FEC Identification Number

C

**Transaction ID : SB21B.9612**

Amount of Each Disbursement this Period

15.80

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

361.64

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Grand Traverse County Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. ActBlue**

Mailing Address 366 Summer st

City  
SomervilleState  
MDZip Code  
02144

Purpose of Disbursement

Processing Fees

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	2	3		

FEC Identification Number

**C****Transaction ID : SB21B.9636**

Amount of Each Disbursement this Period

127.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue**

Mailing Address 366 Summer st

City  
SomervilleState  
MDZip Code  
02144

Purpose of Disbursement

Processing Fees

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	3		

FEC Identification Number

**C****Transaction ID : SB21B.9656**

Amount of Each Disbursement this Period

17.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue**

Mailing Address 366 Summer st

City  
SomervilleState  
MDZip Code  
02144

Purpose of Disbursement

Processing Fee

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	6			2	0	2	3		

FEC Identification Number

**C****Transaction ID : SB21B.9680**

Amount of Each Disbursement this Period

28.86

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

174.23

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Grand Traverse County Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. ActBlue**

Mailing Address 366 Summer st

City  
SomervilleState  
MDZip Code  
02144

Purpose of Disbursement

Processing Fee

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	3			2	0	2	3		

FEC Identification Number

**C****Transaction ID : SB21B.9669**

Amount of Each Disbursement this Period

7.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue**

Mailing Address 366 Summer st

City  
SomervilleState  
MDZip Code  
02144

Purpose of Disbursement

Processing Fee

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	2			2	0	2	3		

FEC Identification Number

**C****Transaction ID : SB21B.9721**

Amount of Each Disbursement this Period

0.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Lawson Printers**

Mailing Address 685 West Colmbia ave

City  
Battle CreekState  
MIZip Code  
49015

Purpose of Disbursement

Printing Invitations

Candidate Name

003

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	7			2	0	2	3		

FEC Identification Number

**C****Transaction ID : SB21B.9521**

Amount of Each Disbursement this Period

895.14

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

903.83

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Grand Traverse County Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. Lawson Printers**

Mailing Address 685 West Colmbia ave

City  
Battle CreekState  
MIZip Code  
49015

Purpose of Disbursement

Printing

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.9664

Amount of Each Disbursement this Period

386.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Lawson Printers**

Mailing Address 685 West Colmbia ave

City  
Battle CreekState  
MIZip Code  
49015

Purpose of Disbursement

Printing

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.9665

Amount of Each Disbursement this Period

106.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. NGP Van, Inc**Mailing Address 655 15th ST NW  
Suite 650City  
WashingtonState  
DCZip Code  
20005

Purpose of Disbursement

Service Fee

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.9501

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

742.40

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Grand Traverse County Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. NGP Van, Inc**Mailing Address 655 15th ST NW  
Suite 650City  
WashingtonState  
DCZip Code  
20005

Purpose of Disbursement

Processing Fee

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.9520

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NGP Van, Inc**Mailing Address 655 15th ST NW  
Suite 650City  
WashingtonState  
DCZip Code  
20005

Purpose of Disbursement

User Fee

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.9659

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. NGP Van, Inc**Mailing Address 655 15th ST NW  
Suite 650City  
WashingtonState  
DCZip Code  
20005

Purpose of Disbursement

Service Fee

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.9696

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Grand Traverse County Democratic Committee

Full Name (Last, First, Middle Initial)

**A. NGP Van, Inc**Mailing Address 655 15th ST NW  
Suite 650City  
WashingtonState  
DCZip Code  
20005

Purpose of Disbursement

Service Fee

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	3		2	0	2	3		

FEC Identification Number

C  
Transaction ID : SB21B.9698

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NGP Van, Inc**Mailing Address 655 15th ST NW  
Suite 650City  
WashingtonState  
DCZip Code  
20005

Purpose of Disbursement

User Fee

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		0	4		2	0	2	3		

FEC Identification Number

C  
Transaction ID : SB21B.9758

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. OOMA Inc**

Mailing Address 525 Almanor Ave

City  
SunnyvaleState  
CAZip Code  
94085

Purpose of Disbursement

Telephone

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	6		2	0	2	3		

FEC Identification Number

C  
Transaction ID : SB21B.9494

Amount of Each Disbursement this Period

42.12

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

542.12

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Grand Traverse County Democratic Committee

Full Name (Last, First, Middle Initial)

**A. OOMA Inc**

Mailing Address 525 Almanor Ave

City  
SunnyvaleState  
CAZip Code  
94085

Purpose of Disbursement

Telephone

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	8			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.9541

Amount of Each Disbursement this Period

42.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. OOMA Inc**

Mailing Address 525 Almanor Ave

City  
SunnyvaleState  
CAZip Code  
94085

Purpose of Disbursement

Telephone

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.9663

Amount of Each Disbursement this Period

42.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. OOMA Inc**

Mailing Address 525 Almanor Ave

City  
SunnyvaleState  
CAZip Code  
94085

Purpose of Disbursement

Telephone

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	5			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.9687

Amount of Each Disbursement this Period

42.47

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

126.85

**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Grand Traverse County Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. OOMA Inc**

Mailing Address 525 Almanor Ave

City  
SunnyvaleState  
CAZip Code  
94085

Purpose of Disbursement

Telephonw Service FEe

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.9701

Amount of Each Disbursement this Period

42.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. OOMA Inc**

Mailing Address 525 Almanor Ave

City  
SunnyvaleState  
CAZip Code  
94085

Purpose of Disbursement

Telephone

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.9762

Amount of Each Disbursement this Period

42.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. US Post Master**

Mailing Address 202 S. Union St

City  
Traverse CityState  
MIZip Code  
49684

Purpose of Disbursement

Postage

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.9495

Amount of Each Disbursement this Period

66.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

150.94

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Grand Traverse County Democratic Committee

Full Name (Last, First, Middle Initial)

**A. US Post Master**

Mailing Address 202 S. Union St

City  
Traverse CityState  
MIZip Code  
49684

Purpose of Disbursement

Postage

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.9662

Amount of Each Disbursement this Period

102.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. US Post Master**

Mailing Address 202 S. Union St

City  
Traverse CityState  
MIZip Code  
49684

Purpose of Disbursement

Postage

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.9741

Amount of Each Disbursement this Period

66.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

168.00

**TOTAL** This Period (last page this line number only).....▶

8864.01

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Grand Traverse County Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. Park Place Hotel**

Mailing Address 300 East State Street

City  
Traverse CityState  
MIZip Code  
49684

Purpose of Disbursement

Room Rental

Candidate Name

003

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB29.9682

Amount of Each Disbursement this Period

9571.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

9571.30

**TOTAL** This Period (last page this line number only).....▶

9571.30